

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SML		3/22/00
O.I.P.E. CLASSIFIER		49	4/3/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	GW	60730	5-18

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date			
Final	12	13	14	15
Original	02	03	04	05
1	✓	✓	✓	✓
2	✓	✓	✓	✓
3	0	=	=	=
4	✓	✓	✓	✓
5	-			
6	✓	✓	✓	✓
7				
8				
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10	✓	✓	✓	✓
11	-			
12	✓	✓	✓	✓
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28				
29	✓	✓	✓	✓
30	✓	✓	✓	✓
31	-			
32	✓	✓	✓	✓
33	0	=	=	=
34	✓	✓	✓	✓
35				
36				
37	✓	✓	✓	✓
38	-			
39	✓	✓	✓	✓
40	✓	✓	✓	✓
41				
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48				
49	✓			
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Claim	Date			
Final	12	13	14	15
Original	02	03	04	05
51				✓
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Claim	Date			
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If more than 150 claims or 10 actions  
staple additional sheet here

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